

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

PARIS MONAE MCDOWELL

Debtor(s)

Case No. 18-02727

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/31/2018.
- 2) The plan was confirmed on 03/19/2018.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 01/29/2019.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 04/19/2019.
- 6) Number of months from filing to last payment: 13.
- 7) Number of months case was pending: 15.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$4,823.29
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$4,823.29**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$1,414.59
Court Costs	\$0.00
Trustee Expenses & Compensation	\$207.66
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$1,622.25**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Chase Bank	Unsecured	100.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	1,025.00	1,628.80	1,628.80	0.00	0.00
COMCAST	Unsecured	800.00	NA	NA	0.00	0.00
COMENITY CAPITAL BANK	Unsecured	496.00	NA	NA	0.00	0.00
ELMHURST HOSPITAL	Unsecured	1,000.00	NA	NA	0.00	0.00
EQUIFAX	Unsecured	0.00	NA	NA	0.00	0.00
EXPERIAN	Unsecured	0.00	NA	NA	0.00	0.00
FUTURE PAY INC	Unsecured	1,000.00	NA	NA	0.00	0.00
HERTZ CORP	Unsecured	0.00	NA	NA	0.00	0.00
ILLINOIS SECRETARY OF STATE	Unsecured	0.00	NA	NA	0.00	0.00
LOYOLA UNIV MED CENTER	Unsecured	1,000.00	NA	NA	0.00	0.00
LOYOLA UNIVERSITY PHYSICIANS F	Unsecured	100.00	NA	NA	0.00	0.00
MIDLAND FUNDING	Unsecured	0.00	495.68	495.68	0.00	0.00
QUANTUM3 GROUP LLC	Unsecured	702.00	702.28	702.28	0.00	0.00
SANTANDER CONSUMER USA	Unsecured	8,701.00	NA	NA	0.00	0.00
SANTANDER CONSUMER USA	Secured	12,575.00	22,669.69	22,669.69	1,797.09	1,403.95
ST IL TOLLWAY AUTHORITY	Unsecured	20,000.00	10,581.70	10,581.70	0.00	0.00
TCF BANK	Unsecured	400.00	NA	NA	0.00	0.00
T-MOBILE/T-MOBILE USA INC	Unsecured	300.00	NA	NA	0.00	0.00
US DEPT OF EDUCATION	Unsecured	0.00	7,461.92	7,461.92	0.00	0.00
WESTLAKE HOSPITAL	Unsecured	300.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$22,669.69	\$1,797.09	\$1,403.95
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$22,669.69	\$1,797.09	\$1,403.95
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$20,870.38	\$0.00	\$0.00

Disbursements:	
Expenses of Administration	<u>\$1,622.25</u>
Disbursements to Creditors	<u>\$3,201.04</u>
TOTAL DISBURSEMENTS :	<u>\$4,823.29</u>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 04/29/2019

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.